
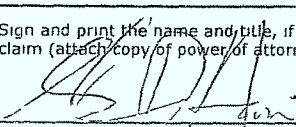


EXHIBIT C

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM - Chapter <input type="checkbox"/> 13 <input type="checkbox"/> 11 <input type="checkbox"/> 7 <input type="checkbox"/> Other
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S-06-10725-LBR	(This space for court use) <div style="text-align: center; font-size: 1.2em;"> DEC 26 2006 12/26/06 </div>
NOTE This form NOT be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) ROCKLIN/REDDING LLC	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name & Address where notice should be sent Stephen R. Harris, Esq Belding, Harris & Petroni, Ltd 417 W. Plumb Lane Reno, NV 89509 Telephone number (775) 786-7600		
Account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> Replaces <input type="checkbox"/> Amends A previously filed claim, dated _____
1 BASIS FOR CLAIM <input type="checkbox"/> Goods Sold <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Services Performed <input type="checkbox"/> Wages, salaries, and compensation (FILL OUT BELOW) <input checked="" type="checkbox"/> Money loaned Your Social Security # _____ <input type="checkbox"/> Personal Injury wrongful death Unpaid compensation for services performed from <input type="checkbox"/> Taxes (Date) _____ To _____ (Date) _____ <input type="checkbox"/> Other		
2 Date debt was incurred 4/27/05 SVRB-2nd 3 If court judgment, date obtained _____		
4 Total amount of claim at time case filed \$ \$1,000,000.00 plus accrued interest, attorneys' fees and costs If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below <input checked="" type="checkbox"/> Check this box if claim includes interest, or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges.		
5 Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (Including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Other _____ Value of collateral \$ <u>unknown</u> Amount of arrearage and other charges at time case filed included unsecured claim, if any \$ <u>to be determined</u>	6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions up to \$4,300* earned within 90 days before filing of the Bankruptcy petition, or cessation of the debtor's business whichever is earlier - 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8) <input type="checkbox"/> OTHER Specify applicable paragraph of 11 U.S.C. §507(a)(____) *Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment.	
7 Credits the amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8 Supporting documents attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9 Date Stamped copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.		(This space for court use) <div style="text-align: center; font-size: 1.5em;"> FILED DEC 26 2006 USA CMC  1072501762 </div>
Date <u>12/22/06</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <div style="text-align: center;">  Stephen R. Harris Attorney for Creditor </div>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both - 18 U.S.C. §152 & 3571		